

<i>SERFF Tracking Number:</i>	<i>MCHX-G126711522</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>OM Financial Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46157</i>
<i>Company Tracking Number:</i>	<i>OM AVSD (6-10)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>OM AVSD (6-10) Indiv Acct Value Segment Dates Amen</i>		
<i>Project Name/Number:</i>	<i>OM AVSD (6-10) Indiv Acct Value Segment Dates Amendment - OM Financial Life Ins Co/OM AVSD (6-10) Indiv Acct Value Segment Dates Amendment - OM Financial Life Ins Co</i>		

Filing at a Glance

Company: OM Financial Life Insurance Company

Product Name: OM AVSD (6-10) Indiv Acct Value Segment Dates Amen	SERFF Tr Num: MCHX-G126711522	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved-Closed	State Tr Num: 46157
Sub-TOI: L09I.101 External Indexed - Single Life	Co Tr Num: OM AVSD (6-10)	State Status: Approved-Closed
Filing Type: Form	Author: SPI McHughConsulting Date Submitted: 07/08/2010	Reviewer(s): Linda Bird Disposition Date: 07/12/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: OM AVSD (6-10) Indiv Acct Value Segment Dates Amendment - OM Financial Life Ins Co	Status of Filing in Domicile: Pending
Project Number: OM AVSD (6-10) Indiv Acct Value Segment Dates Amendment - OM Financial Life Ins Co	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/12/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/12/2010
Deemer Date:	Created By: SPI McHughConsulting
Submitted By: SPI McHughConsulting	Corresponding Filing Tracking Number:
Filing Description:	
Filing on Behalf of OM Financial Life Insurance Company NAIC # 63274 FEIN: 52-6033321	
Universal Life Amendment Filing	
OM AVSD (6-10), Account Value Segment Dates Amendment	

SERFF Tracking Number: MCHX-G126711522 *State:* Arkansas
Filing Company: OM Financial Life Insurance Company *State Tracking Number:* 46157
Company Tracking Number: OM AVSD (6-10)
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: OM AVSD (6-10) Indiv Acct Value Segment Dates Amen
Project Name/Number: OM AVSD (6-10) Indiv Acct Value Segment Dates Amendment - OM Financial Life Ins Co/OM AVSD (6-10) Indiv Acct Value
Segment Dates Amendment - OM Financial Life Ins Co

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of OM Financial Life Insurance Company. We have provided an authorization letter for your files.

The above referenced form is enclosed for your review and approval. The form is new and does not replace any forms currently on file with the department.

The amendment changes the segment buy dates from quarterly to monthly for the universal life contract to which it is attached.

The first contract this amendment is intended to be used with is the Flexible Premium, Adjustable Death Benefit, Universal Life Insurance Policy with Index Interest Option, OM IUL (1-09), approved on December 8, 2008, State Tracking # 41001, by the Department.

The amendment may also be used with any approved universal life insurance products.

Language that is bracketed is intended to be variable.

The form is in final printed format subject only to changes in formatting, font style, margins, page numbers, ink, and paper stock. Printing standards will never be less than those required by law.

Thank you for your time and consideration of this filing. If you should have any questions regarding this filing, please do not hesitate to contact me at the telephone or fax numbers shown below.

Sincerely,

Tim Hager
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

SERFF Tracking Number: MCHX-G126711522 State: Arkansas

Filing Company: OM Financial Life Insurance Company State Tracking Number: 46157

Company Tracking Number: OM AVSD (6-10)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
Adjustable Life

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Segment Dates Amendment - OM Financial Life Ins Co

Company and Contact

Filing Contact Information

Tim Hager, Compliance Project Specialist mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

OM Financial Life Insurance Company	CoCode: 63274	State of Domicile: Maryland
1001 Fleet Street	Group Code: 2598	Company Type:
Baltimore, MD 21202	Group Name:	State ID Number:
(410) 895-0091 ext. [Phone]	FEIN Number: 52-6033321	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$125.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
OM Financial Life Insurance Company	\$125.00	07/08/2010	37817258

SERFF Tracking Number: MCHX-G126711522 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/12/2010	07/12/2010

SERFF Tracking Number:	MCHX-G126711522	State:	Arkansas
Filing Company:	OM Financial Life Insurance Company	State Tracking Number:	46157
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	Segment Dates Amendment - OM Financial Life Ins Co		

Disposition

Disposition Date: 07/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G126711522 State: Arkansas

Filing Company: OM Financial Life Insurance Company State Tracking Number: 46157

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	AR Certification -Rule 19		Yes
Supporting Document	AR Certification Bulletin 11-83		Yes
Supporting Document	AR Certification R&R 49		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Form Listing		Yes
Form	Account Value Segment Dates Amendment		Yes

SERFF Tracking Number: MCHX-G126711522 State: Arkansas

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Form Schedule

Lead Form Number: OM AVSD (6-10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	OM AVSD (6-10)	Policy/Cont Account Value ract/Fratern Segment Dates al Amendment Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		64.800	std, OM AVSD (6- 10).PDF

Account Value Segment Dates Amendment

This amendment is a part of the life insurance contract to which it is attached. It is subject to the terms, conditions, and provisions contained in the contract. This amendment supersedes any conflicting provisions in the contract.

Effective Date

Date of Issue. If this amendment is attached to your contract on the Date of Issue, the effective date is the Date of Issue.

After Date of Issue. If this amendment is added to your contract after the Date of Issue, the effective date is the date it is mailed to your last known address.

The Account Value Segment Dates section of the **Account Value** provision in the contract is deleted and replaced with the following:

Account Value Segment Dates

On the [15th] of [each month], net premiums move from the short-term account value segments and become part of an account value segment as shown below:

Premiums Received in the Following Periods*:	Premium Applied to Account Value Segment on the following Dates:
[December 14 – January 13]	January 15
January 14 – February 13	February 15
February 14 – March 13	March 15
March 14 – April 13	April 15
April 14 – May 13	May 15
May 14 – June 13	June 15
June 14 – July 13	July 15
July 14 – August 13	August 15
August 14 – September 13	September 15
September 14 – October 13	October 15
October 14 – November 13	November 15
November 14 – December 13	December 15]

*Premiums, other than the Initial Premium, must be received at least [two] business days prior to the account value segment date shown. Premiums not received [two] business days in advance will be added to the next account value segment.

Amendment Termination

This amendment will terminate when the life insurance contract terminates.

Nonparticipating

Dividends are not payable.

Signed for the Company.

OM Financial Life Insurance Company

[



John A. Phelps
President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Reability Certification OM AVSD (6-10).PDF		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage		
Comments:		
Not applicable to this submission.		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments:		
Attachment:		
2010 MCR Vendor Authorization letter new address eff 2-11-2010.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR Certification -Rule 19		
Comments:		
Attachment:		
AR, Cert of Compliance, Rule 19, OM AVSD (6-10).PDF		

	Item Status:	Status Date:
Satisfied - Item: AR Certification Bulletin 11-83		

SERFF Tracking Number: MCHX-G126711522 State: Arkansas
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Comments:

Attachment:

AR Certification of Compliance Bulletin 11-83.PDF

Item Status:

**Status
Date:**

Satisfied - Item: AR Certification R&R 49

Comments:

Attachment:

AR Certificate of Compliance 23-79-138 and R&R 49.PDF

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

std, OM AVSD (6-10), statement of variability.PDF

Item Status:

**Status
Date:**

Satisfied - Item: Form Listing

Comments:

Attachment:

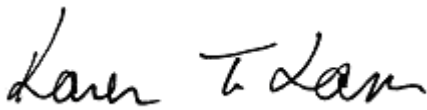
OM AVSD (6-10) Forms Listing.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: OM Financial Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
OM AVSD (6-10)	64.8

Signed: 
Name: Karen T. Lam
Title: AVP, Compliance Oversight
Date: 7/08/10



OLD MUTUAL
1001 Fleet Street
Baltimore, Maryland 21202
PH 410.895.0100
1.888.697.LIFE
FX 410.895.0162
www.omfn.com

January 1, 2010

NAIC Company Code: 63274

To: The Insurance Commissioner

Re: Authorization

This letter, or a copy thereof, will authorize the consulting firm of McHugh Consulting Resources, Inc., 2005 South Easton Road, Suite 207, Doylestown, PA 18901, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

OM Financial Life Insurance Company

BY:

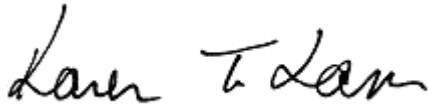
Karen T. Lam, FLMI, AIRC
Assistant Vice President, Compliance Oversight

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: OM Financial Life Insurance Company

Form OM AVSD (6-10)
Number(s):

I hereby certify that to the best of my knowledge and belief, the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Karen T. Lam

Name

AVP, Compliance Oversight

Title

7/08/10

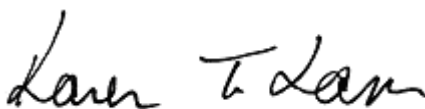
Date

STATE OF ARKANSAS

Certification

Name of Company: OM Financial Life Insurance Company

The above named company certifies that Account Value Segment Dates Amendment
Form Nos. OM AVSD (6-10) has been reviewed and complies with Arkansas Insurance
Department Guidelines identified in its Bulletin No. 11-83.



Signature

Karen T. Lam

Print or Type Name

AVP, Compliance Oversight

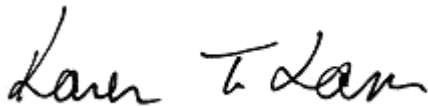
Title

CERTIFICATE OF COMPLIANCE

Insurer: OM Financial Life Insurance Company

Form Numbers: OM AVSD (6-10)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Karen T. Lam

Name

AVP, Compliance Oversight

Title

7/07/10

Date

STATEMENT OF VARIABILITY

Form Number: OM AVSD (6-10), Account Value Segment Dates Amendment

Variable Item	Need For variability	Anticipated Frequency of Change	Time At Which These Items Become Fixed	Anticipated Range
Account Value Provision: Account Value Segment Dates	May change if the business decision is made to add, change, or remove the number of account value segment dates.	This filing is changing the segment dates from quarterly to the 15 th of each month. Currently, there is no anticipation of changing this item to dates more frequently than monthly.	This item does not become fixed at issue and may change if the business decision is made to increase the segment dates to more frequently than monthly.	The range for this item is between the first and last day of each month.
President's Name, Signature, and Title	May change if the President's name or title changes.	Currently, there is no anticipation of changing this item.	This item becomes fixed at issue.	The range for this item is open to anyone named President of the company. If this item changes, it will be changed for all new issues.

OM Financial Life Insurance Company

Form Number	Description
OM AVSD (6-10)	Account Value Segment Dates Amendment